

<div>ORDER FOR SUPPLIES OR SERVICES</div> <div>(Contractor must submit four copies of invoice.)</div>						<div>Form Approved</div> <div>OMB No. 0704-0187</div> <div>Expires Jun 30, 1997</div>		<div>PAGE 1 OF</div> <div>2</div>						
<div>Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.</div> <div>PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES.</div> <div>SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.</div>														
1. CONTRACT/PURCH ORDER NO. SP0905-04-D-7034			2. DELIVERY ORDER NO. 0101		3. DATE OF ORDER (YYMMDD) 2004 OCT 22		4. REQUISITION/PURCH REQUEST NO. YPE04296000384		5. PRIORITY					
6. ISSUED BY CODE SP0900 DEFENSE SUPPLY CENTER COLUMBUS P.O. Box 3990 Columbus, OH 43218-3990				7. ADMINISTERED BY (If other than 6) CODE S3306A S3306A CMDR DCMC SYRACUSE SUITE 300 615 ERIE BLVD WEST SYRACUSE NY 13204-2408				8. DELIVERY FOB <input checked="" type="checkbox"/> DEST <input type="checkbox"/> OTHER (See Schedule if other)						
9. CONTRACTOR CODE 12763 NAME AND ADDRESS DYNALEC CORP 87 W MAIN ST SODUS NY 14551-1196			FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD)		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS I/A/W/ BASIC CONTRACT					
14. SHIP TO CODE DO NOT SHIP TO ADDRESSES ON THIS PAGE SEE FOLLOWING PAGE SHIPPING ADDRESSES ARE SHOWN UNDER LINE ITEM			15. PAYMENT WILL BE MADE BY CODE HQ0337 DFAS COLUMBUS CENTER NORTH ENTITLEMENT OPERATIONS P O BOX 182266 FAS CUSTOMER SERVICE 1-800-756-4571 COLUMBUS, OH 43218-2266		13. MAIL INVOICES TO SEE BLOCK 15		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER							
16. TYPE OF ORDER		DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/>								This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your _____ and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.				
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:														
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 5CE0 001 26.0 S33150														
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT		
		Remarks: Terms and conditions are in accordance with Basic Contract.												
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.					24. UNITED STATES OF AMERICA BY: POPS Auto Award CONTRACTING/ORDERING OFFICER					25. TOTAL \$ 20636.85				
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____					27. SHIP. NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		28. D.O. VOUCHER NO.		29. DIFFERENCE		30. INITIALS			
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____					31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR		34. CHECK NUMBER			
37. RECEIVED AT					38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.	
									35. BILL OF LADING NO.					

CONTINUATION SHEET

Order Number:

SP0905-04-D-7034 0101

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SECTION B

ITEM DESCRIPTION NOT INCLUDED

Admin Location Code 114

000000000 Post Award Administrator NONE AVAILABLE

P/N 702020-050 Manufacturer's CAGE - 12763

<u>ITEM</u>		<u>QTY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
7201	PR YPE04296000384 NSN 5965-00-521-9820	741	EA	27.85	20636.85

QTY VARIANCE: PLUS 0% MINUS 0%

INSPECTION POINT: ORIG

ACCEPTANCE POINT: ORIG

DELIVERY FOB: DESTINATION

BY: 2005 MAR 01

PARCEL POST ADDRESS:

DEF DIST DEPOT NORFOLK VA
RECEIVING OFFICER DDNV PR
1968 GILBERT ST BLDG W143 DWY 9
NORFOLK VA 235113396

FREIGHT ADDRESS:

SW3117
DEF DIST DEPOT NORFOLK VA
RECEIVING OFFICER DDNV PR
1968 GILBERT ST BLDG 135 DWY 10
NORFOLK, VA 23511-3396

M/F: (TCN) STOCK BUY RQMT

RDD: 19-MAR-05 PROJ: 21N

END OF AWARD